

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000724

1. Entity Name

REACH INC. OF LAKE WALES

Principal Place of Business

315 N WALKER ST
LAKE WALES FL 33853
US

Mailing Address

P.O. BOX 1662
LAKE WALES FL 33859
US

2. Principal Place of Business

315 N. WALKER ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1662

Suite, Apt. #, etc.

City & State

LAKE WALES, FLORIDA

Zip

33853

Country

POLK

City & State

LAKE WALES, FLORIDA

Zip

33859

Country

POLK

4. FEI Number

59-3174433

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JACKIE

315 NORTH WALKER STREET
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, JACKIE 18 JOHNSON AVE LAKE WALES FL 33853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREEMAN, JONATHAN 420 5TH ST LAKE WALES FL 33853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLMES, LEOLA 650 S 3RD ST APT-39 LAKE WALES FL 33853	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, VENEDA 207 NORTH SIDE DR. LAKE WALES FL 33853	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGES, DOMICA L 30 'B' STREET LAKE WALES FL 33853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, JOHN W 18 JOHNSON AVE LAKE WALES FL 33853	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKIE JACKSON 18 JOHNSON AVE. LAKE WALES, FLA. 33853	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONATHAN FREEMAN 420 5TH ST. LAKE WALES, FLA. 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D NELLIE ANN MOBLEY 620 JACKSON AVE. LAKE WALES, FLA. 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D NELLIE ANN MOBLEY 620 JACKSON AVE. LAKE WALES, FLA. 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXINE JONES 504 S. 4TH STREET LAKE WALES, FLA. 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINNELL SHEPPARD 119 SESSOM STREET LAKE WALES, FLA. 33853	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Jackie Jackson Jackie Jackson 4-18-01 678-3901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90058 026 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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